

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	DATE	ID NO.	DATE
FEE DETERMINATION	ML		02-26-01
O.I.P.E. CLASSIFIER			10-3-15-01
FORMALITY REVIEW	FR	108	820
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	o
5	b
6	✓
7	✓
8	✓
9	b
10	o
11	✓
12	✓
13	✓
14	o
15	o
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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